



Check all that apply

- [] *Adding streams/lakes
[] *Removing streams/lakes
[] *Changing location of streams/lakes
[] Changing water type based on physical characteristics
[] Changing water type based on protocol survey
[] Other. Describe_____

WRIA #

Div. Doc. No.	1. *Water Reference Id	2. Name of Water	3. Tributary To	4. *Legal Description (¼¼ Section, Township, Range, E/W)	
	5. *County	6. Water Type Shown on Map	7. Proposed Water Type		8. *Date of Field Visit
	9. *Forest Practices Application Number(s) (if applicable)				
	10. Change is based on the following (check all that apply). <input type="checkbox"/> Fish found <input type="checkbox"/> Public water diversion <input type="checkbox"/> No fish found <input type="checkbox"/> Fish hatchery diversion <input type="checkbox"/> Physical characteristics – describe: _____				
	11. Water levels in the survey area were: <input type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input type="checkbox"/> Below Normal Description: _____				
12. The water type break was determined by: <input type="checkbox"/> Stopping at last observed fish <input type="checkbox"/> Stopping at upper extent of fish habitat <input type="checkbox"/> Stopping at end of harvest or property boundary <input type="checkbox"/> Other – describe: _____					
13. Are there any fish passage barriers downstream of the surveyed stream segment(s): <input type="checkbox"/> Natural barriers: <input type="checkbox"/> Falls <input type="checkbox"/> Cascades <input type="checkbox"/> Bedrock chutes If yes, what is the height _____ <input type="checkbox"/> Temporary barriers (log jams) <input type="checkbox"/> Man-made barriers (culverts) Fish passage barriers were identified by: <input type="checkbox"/> Maps <input type="checkbox"/> Field observation <input type="checkbox"/> Other – describe: _____					
14. Is there evidence of mass wasting or scouring events? <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe how these affected current stream channel conditions and fish distribution in the stream. _____					
*Proponent name and signature			Organization name and address		Telephone number
Print Name:					
Surveyor name			Organization name and address		Telephone number

Reviewer Comments
Water Type Modification

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reference Number
(DNR USE ONLY)

Comment Due Date
(DNR USE ONLY)

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

☐ Agree with proposed change(s)

☐ Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____
(Signatures are not necessary for e-mailed responses)

Date _____

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR:				
WDFW:				
DOE:				
Tribe:				
Other:				
Other:				

☐ Approve change

☐ Disapprove change

Reasons for disapproval

Signature _____ Date _____

Proponent and reviewers notified of decision by _____ on _____
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)

Division Document Number _____